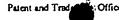
CLAIMS AS FILED - PART I (Column 1)  FOR NUMBER FILED NUMBER EXTRA  RATE FEE  RATE TIONAL FEE  RATE TOTAL ADDIT. FEE  RATE TIONAL FEE  RATE TOTAL COMMENT FEE  RATE TIONAL FEE  RATE								_				
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BASIC FEE  TOTAL CLAIMS  INDEPENDENT CLAIMS  MULTIPLE DEPENDENT CLAIM PRESENT  * If the dillerence in column 1 is less then zero, enter 10 in column 2  * If the dillerence in column 1 is less then zero, enter 10 in column 2  * If the dillerence in column 1 is less then zero, enter 10 in column 2  * If the dillerence in column 1 is less then zero, enter 10 in column 2  * If the dillerence in column 1 is less then zero, enter 10 in column 2  * If the dillerence in column 1 is less then zero, enter 10 in column 2  * If the dillerence in column 1 is less then zero, enter 10 in column 2  * If the dillerence in column 1 is less then zero, enter 10 in column 2  * CLAIMS AS AMENDED - PART II (Column 3)  * CLAIMS AS AMENDED - PART II (Column 3)  * PRESENT INUMBER PRESENTURE EXTRA PAID FOR  * Total			CLAIMS		SMA	LL E	NTITY	OR				
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CLAIMS AS AMENDED - PART II  (Column 1)  CLAIMS REMAINING AFTER AMENDMENT  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  CCOlumn 2)  CLAIMS REMAINING AFTER AMENDMENT  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  CCOlumn 2)  CCOlumn 3)  CCOlumn 4)  CCOlumn 3)  CCOlumn 4)  CCOlumn 4)  CCOlumn 5)  CCOlumn 5)  CCOlumn 5)  CCOlumn 6)  CCOlumn 6)  CCOlumn 6)  CCOlumn 7)  CCOlumn 7)  CCOlumn 7)  CCOlumn 8)  CCOlu	IND	EPENDENT CL	EMIA	mi	nos 3 = *	X		$\Box$		OR	X	<del>/</del>
CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  SMALL ENTITY  OR OTHER THAN SMALL ENTITY  OR OTHE	M	ULTIPLE DEPE	NDENT CLAIM PF	RESENT		X		X	. /.	OR	7.	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  (Column 1)  (Column 2)  (Column 3)  (Column 4)  (Column 5)  (Column 5)  (Column 6)  (Column 6)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 7)  (Column 7)  (Column 8)			REMAINING AFTER		NUMBER PREVIOUSLY	1	RAT	TE	TIONAL		RATE	ADDI- TIONAL FEE
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  (Column 1)  (Column 2)  (Column 3)  (Column 4)  (Column 5)  (Column 5)  (Column 6)  (Column 6)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 7)  (Column 7)  (Column 8)	ME	Independent	6	Minus	" 6	= A)						
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"If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT, FEE  ADDIT, FEE  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, nter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	በ ආ በ	n "Highest Num ie "Highest Num	nber Previously Pa nber Previously Pai	id For IN TH id For IN TH	IIS SPACE is less tha IIS SPACE is less tha	an 20, enter "20". an 3, Inter "3".	ADDIT. F	EEL		OR AD	DIT. FEE	

FORM PTO-875 (Rev.10-92)



PTCHERS (1240
Approved for use through P21(2008, CMB 0651-00)
Puted and Trefement Office, U.S., OSPWITTERY OF COMMERC

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APPUCATION \$12E FEE (DF CFR 1.16(q)	sheets of paper, to \$250 (\$125 for additional 50 she	e and drawings exce he application size f small entity) for each sts or fraction thereo ((G) and 37 CFR 1.	ee due A. See					·	/ '
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0 7 16 00 PE	LAIMS AAMONG FTER NOWENT		ESENT	RATE (S)	ADDI- TIONAL FEE (3)		RATE(S)	ADDI- TIONAL FEE (5)	Chi
Total .	60 Minus	- CO .			-162,07	OR		790	790
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If the entry in column t     If the "Highest Number     If the "Highest Number     The "Highest Number	Previously Paid Fef   Previously Paid Fef	IN THIS SPACE IS less IN THIS SPACE IS less	Then 20, or	eler "20". ler "3".	ne appropriate	box in o	Armn t.		

This callection of information is required by 32 CFR 4.14. The information is required to obtain or entain a benezis by the public which is to file (and by the USPTO to process) an explication. Curridontality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This callection is estimated to take 12 minutes to complete including gathering, properties, and extending the completed application to the USPTO. Time will vary depending upon the individual case. Any enumeral on the entered fine your require to complete this from enter appointment of time your require to complete this from enter appointment of time your require to complete this from enter appointment of Connecton, P.O. Box 1450, Alexandria, VA 22313-4450, DO NOT SEND FOES OR COMPLETED PORMS TO THE ADDRESS, SEND TO: Commits. Ionar for Palantis, P.D. Box 1450, Alexandria, VA 22313-4460.